



DUBUQUE POLICE DEPARTMENT TRESPASS AUTHORIZATION & NOTICE

For C.O.P. Use

Matrix

Number:

Entered By:

Trespass information, including how to complete this form, is online at: www.cityofdubuque.org/trespass. Save this PDF after filling it out. Email the completed form to police@cityofdubuque.org or drop it off at the DLEC, 770 Iowa St.

PERSON COMPLETING THIS FORM:

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ ZIP Code: _____

I am the (select one): ☐ Owner ☐ Owner's Agent ☐ Lessee

☐ Person in Lawful Possession of the Property

PROPERTY WHERE TRESPASSING IS PROHIBITED:

Business Name (if applicable): _____

Street Address: _____ in Dubuque, IA.

Property type: ☐ Apartment/Duplex ☐ Business ☐ Private Residence ☐ Vacant Lot

AUTHORIZATION TYPE (Select General or Individual):

☐ **General** Use this to ban any person on the listed property without consent or lawful purpose.

☐ **Individual*** Use this to ban only the following person if on the property without consent or lawful purpose. Contact the DPD for assistance with proper identification information if needed.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

☐ A copy of this form has been served, in writing, to the listed person by (select all that apply):

☐ In Person ☐ By Certified Mail ☐ By Law Enforcement

☐ A different notice has been served, in writing, to the listed person by (select all that apply):

☐ In Person ☐ By Certified Mail ☐ By Law Enforcement

If a different notice was used, a copy must be provided to the DPD with this authorization.

☐ Check here if this is an authorization renewal only and a notice was previously served.

*** NOTICE TO INDIVIDUAL NAMED (If Applicable):**

Upon receipt of this letter, you are hereby forbidden to enter upon the premises described above, of which I have lawful control. If you enter the premises referenced above, you will be subject to arrest for trespassing. My notice to you is non-expiring unless revoked in writing. As stated below, the Dubuque Police Department is authorized to act as my agent for the purpose of enforcing this order.

DISCLAIMER AND SIGNATURE OF PERSON COMPLETING THIS FORM:

From the effective date of this notice, I authorize the Dubuque Police Department (DPD) to act as my agent for the purpose of enforcing Iowa's trespassing law in accordance with my above stated selection. My agent or I will cooperate with any prosecution. I understand my authorization is valid for a maximum period of twelve (12) months for Individual Notices and twenty-four (24) months for General Notices, and it is my responsibility to renew it at that time if the need exists. I also understand that I may revoke authorization given to the DPD at any time by notifying the DPD in writing. I agree to hold the City of Dubuque and the Dubuque Police Department harmless from liability.

My signature certifies that I have the legal authority to authorize the DPD to enforce trespassing laws on the listed property. Further, **for general authorizations:** I certify that I have posted a NO TRESPASSING sign; **for individual authorizations:** I certify that I have served a no trespassing notice on the named individual.

Signed: _____ Date: _____

Witness (if applicable): _____

Officer Name/Badge
if LE Service:

Incident/Report
Number (if any):